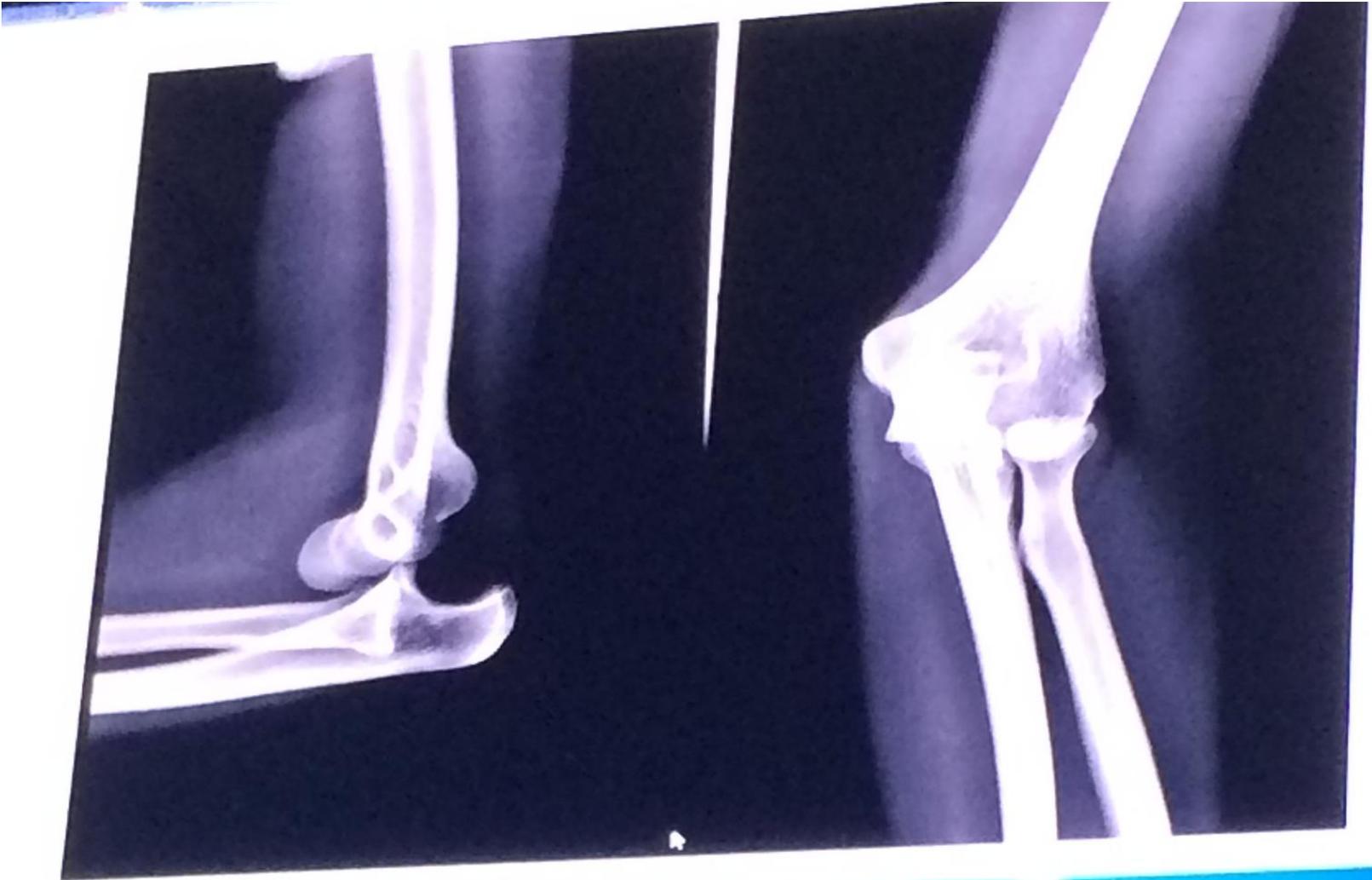


# X-ray interpretation

(dr. kefah )

A decorative graphic element consisting of several horizontal lines of varying lengths and colors (teal, white, and light blue) extending from the right side of the slide towards the center.

1



- **Elbow dislocation**
- **Posterior dislocation** (by looking to distal part)
- Complications :
  - 1- nerve injury ( mainly : Ulnar )
  - 2- vascular injury
  - 3- stiffness after reduction

2



- Wrist x-ray

- **Scaphoid fracture**

- **The commonest bone in the carpals to be fractured → is Scaphoid .**

- Complications :

1- AVN    2- Non-Union

- Mechanism of fracture : FOOSH\*

( Indirect mech. By hyperextension and compression of scaphoid )

\*FOOSH : falling on outstretched hand

## REMEMBER !

- ( the commonest to be dislocated is → Lunate )
- Its complication → is keinbox Disease (AVN of Lunate )

3



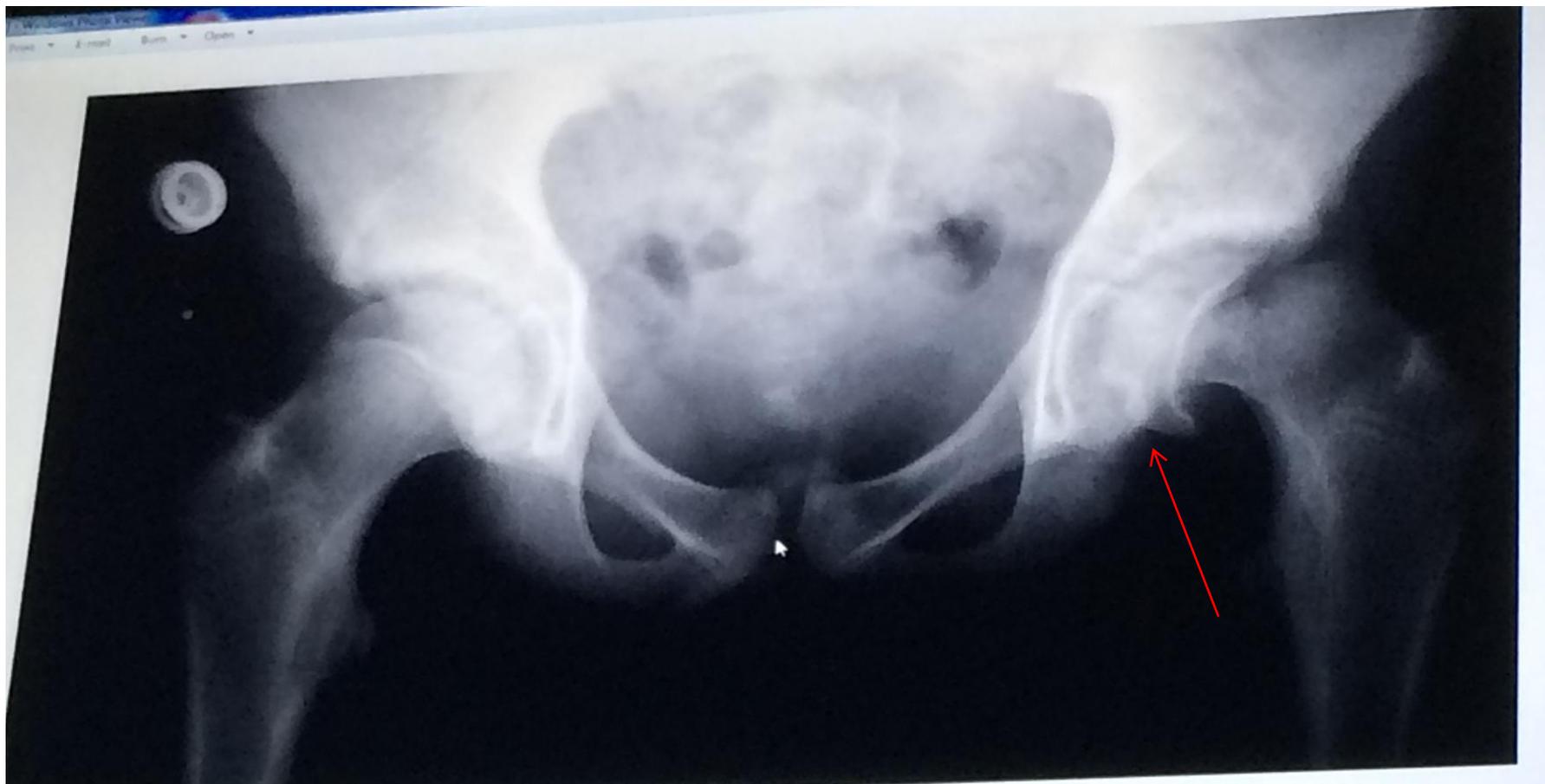
- **Mallet finger**
- Bony avulsion

4



- **Idiopathic Talipes EquinoVarus**
- **( Club foot )**
- tt: needs manipulation → serial casting
- Risk of recurrence or failure if incorrectly manipulated.

5



# • Slipped Capital Femoral Epiphysis

- On the left side ,, its slipped inferiorly & posteriorly.

- The pt is a child .. Bcz the apophysis on lesser trochanter is not fused yet

⇒ Uncommon to be a fracture

⇒ Complications:

1- AVN 2- Growth arrest

Damage of GP ,, manipulation may cause more damage → limb length discrepancy

→ Tt of choice : fixation in situ.

- **Remember !**
- A child / 10-15 y/o
- With endocrine D. / thinning fear or obese
- Rapid growth
- 20-30% → bilateral
- A hx of minor trauma ( femoral neck fracture needs a high energy trauma )
- It's more likely to be **slipped capital**



- **Total hip replacement**

7



- X-ray of the ankle
- Fracture

- Site : **Bimalleolar fracture**

- Shape : not a comminuted

Separated two fractures in 2 bones

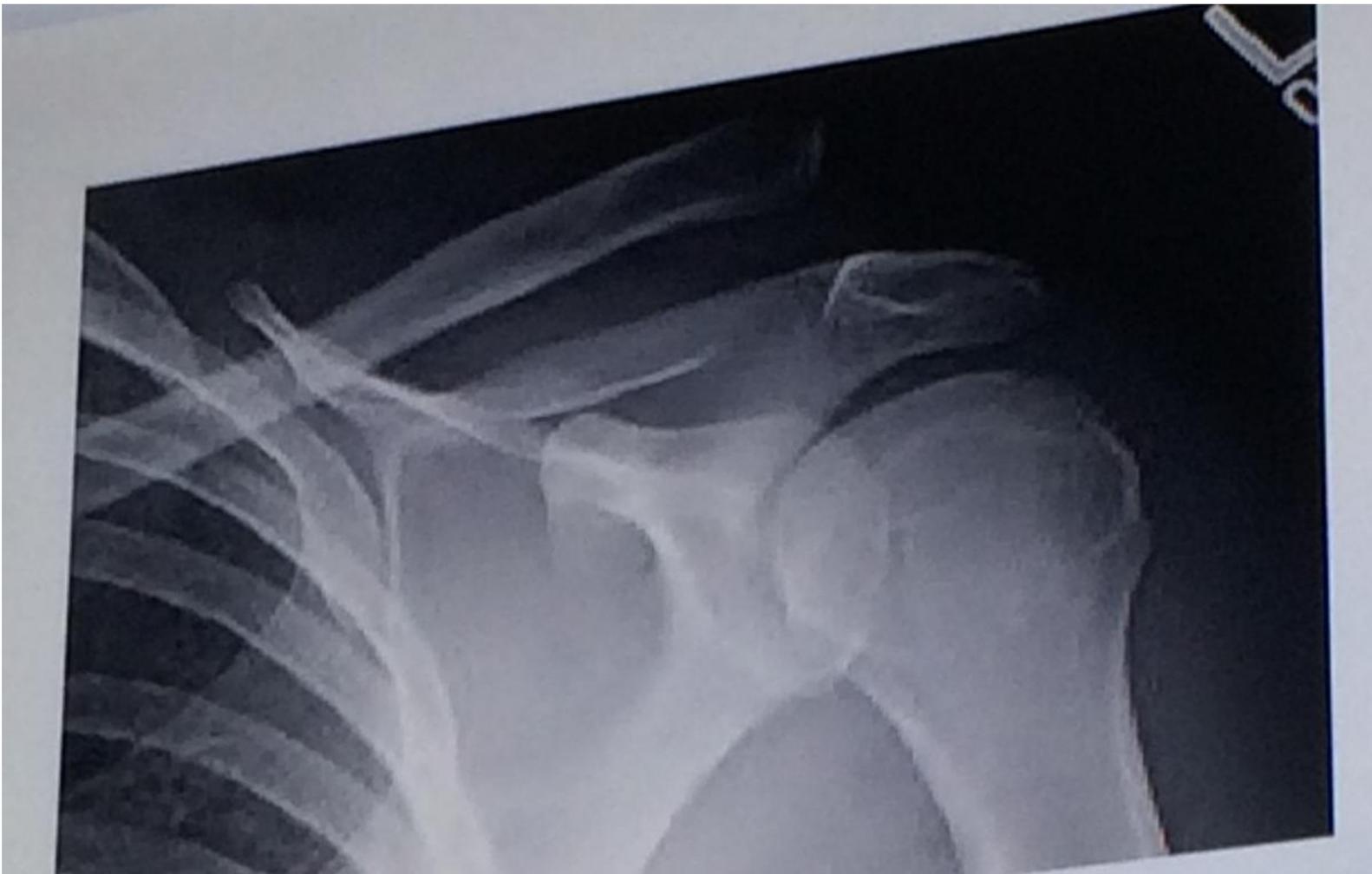
Distal fibular fracture is oblique one.

- Displacement : lateral displacement

( look to distal part + talus is tilted laterally )

- tt: intra-articular → ORIF !

8



- **Superior AC dislocaion**

9



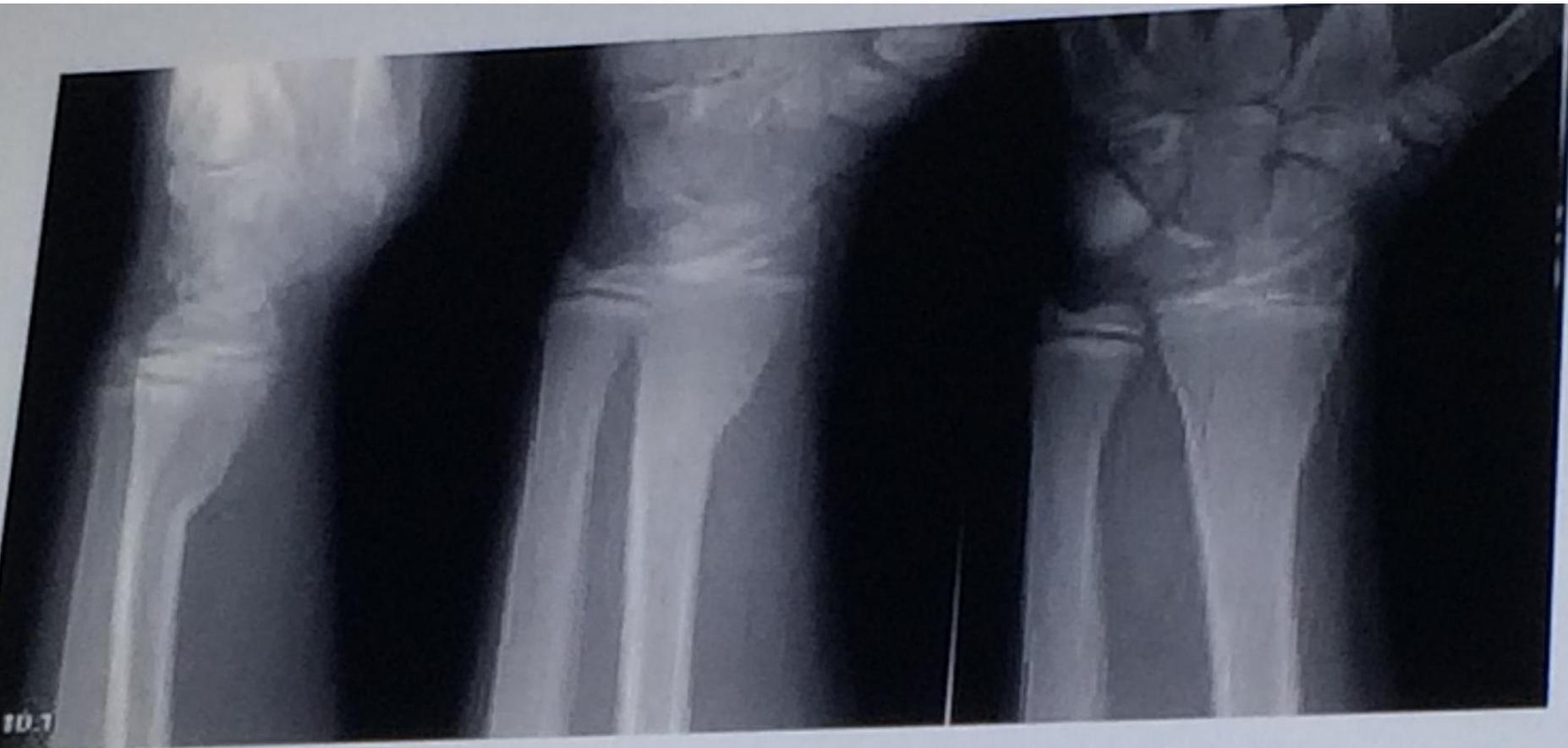
- Hand x-ray
- Oblique view
- Displacement of the 1<sup>st</sup> metacarpal bone
- + fracture on its base
- Simple fracture dislocation of the 1<sup>st</sup> metacarpal base → **bennet's fracture**
- Intraarticular → surgical tt.
- If it was comminuted → Rolando fracture surgical tt

10



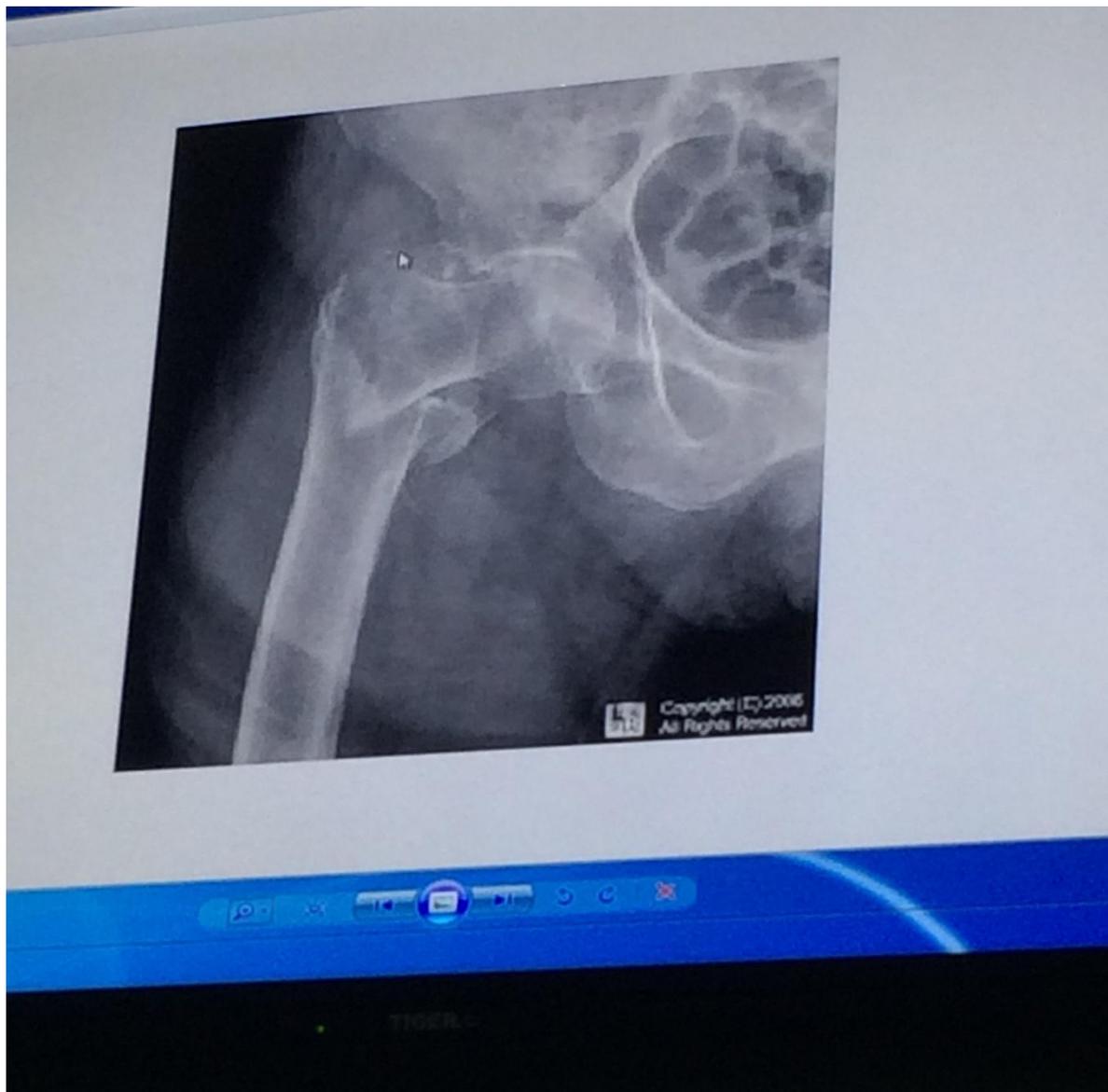
- Elbow x-ray
- Spot dx : **Supracondylar fracture of humerus** with post. Dislocation
- Complications :
  1. Mal-union → capitus vaRus
  2. Vascular injury → brachial a.
  3. Nerve injury → mainly – median n. ( anterior interosseus n.)
- \*\* iatrogenic n. injury → Ulnar

11



- **Greenstick fracture of distal radius**
- In children

12



- X-ray of the hip

- **Intertrochanteric fracture**

- Complications :: NOT AVN !!! ::

- \* Mal-union → coxa vara → is the commonest complication .

- tt: Surical is needed :

- 1- for early mobility ( its common in elderly , and to avoid bed rest and its complications we do surgery )

- 2- to prevent mal-union → coxa vara

13



- X-ray of elbow
- *Ulnar fracture + radial head dislocation =*  
***Monteggia fracture***
- Type : Oblique #
- Mech. : FOOSH
- tt: ORIF !
- (( perfect anatomical reduction is needed ))
- Complication : radial n. injury (post. Interosseus)

14



- Green stick fracture !
  - First carpal that ossifies → capitate
  - The last one is → pisiform
  - They are all ossified at the age of 12.
- \* If this pt was adult we can say he has terry thomas fracture (btw. Scaphoid and lunate).

15



- Distal radius fracture + ulnar dislocation →  
**Galeazzi fracture**
- Piano key sign
- Necessary indication for ORIF !

16



# • **Femoral neck fracture**

- If the pt was 25 y/o
  - tt: Urgent → ORIF
  - Complication : AVN
  
- If 77 y/o
  - tt: arthroplasty
  - Comp. : Dislocation

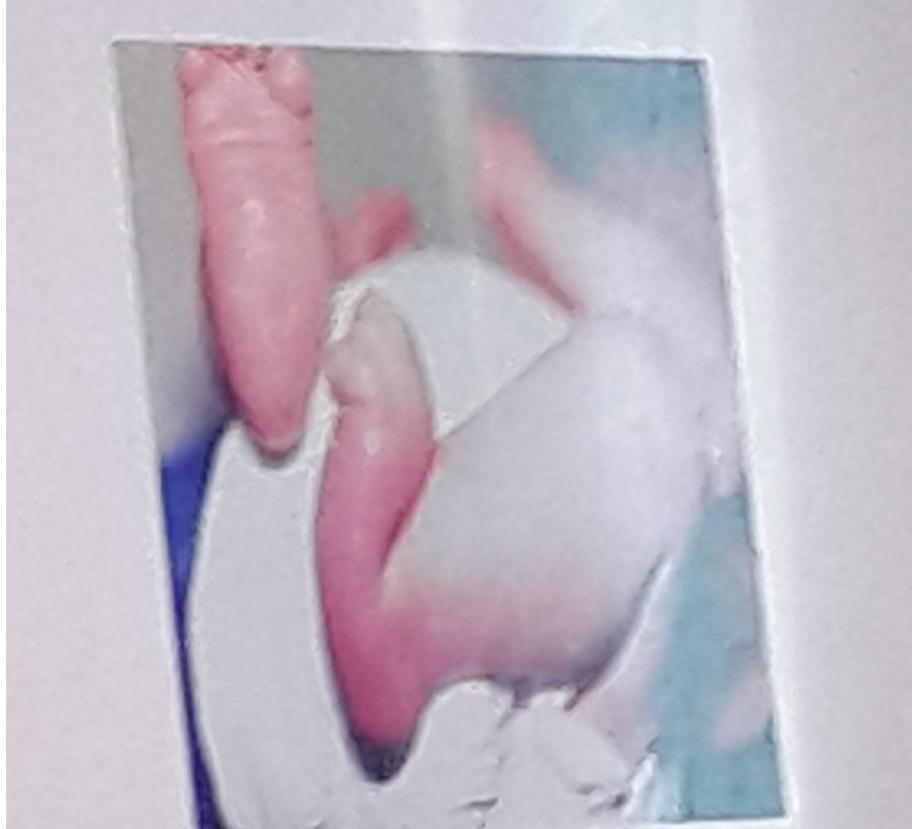
17



- 1- asymmetric narrowing of joint space
- 2- osteophytes formation

→ OA !

18



# • **Calcaneovalgus**

- Wts the cause ? Intrauterine compression .

19



- There is bunion on the big toe
- Lesfranc dislocation
- Tt: ORIF

20



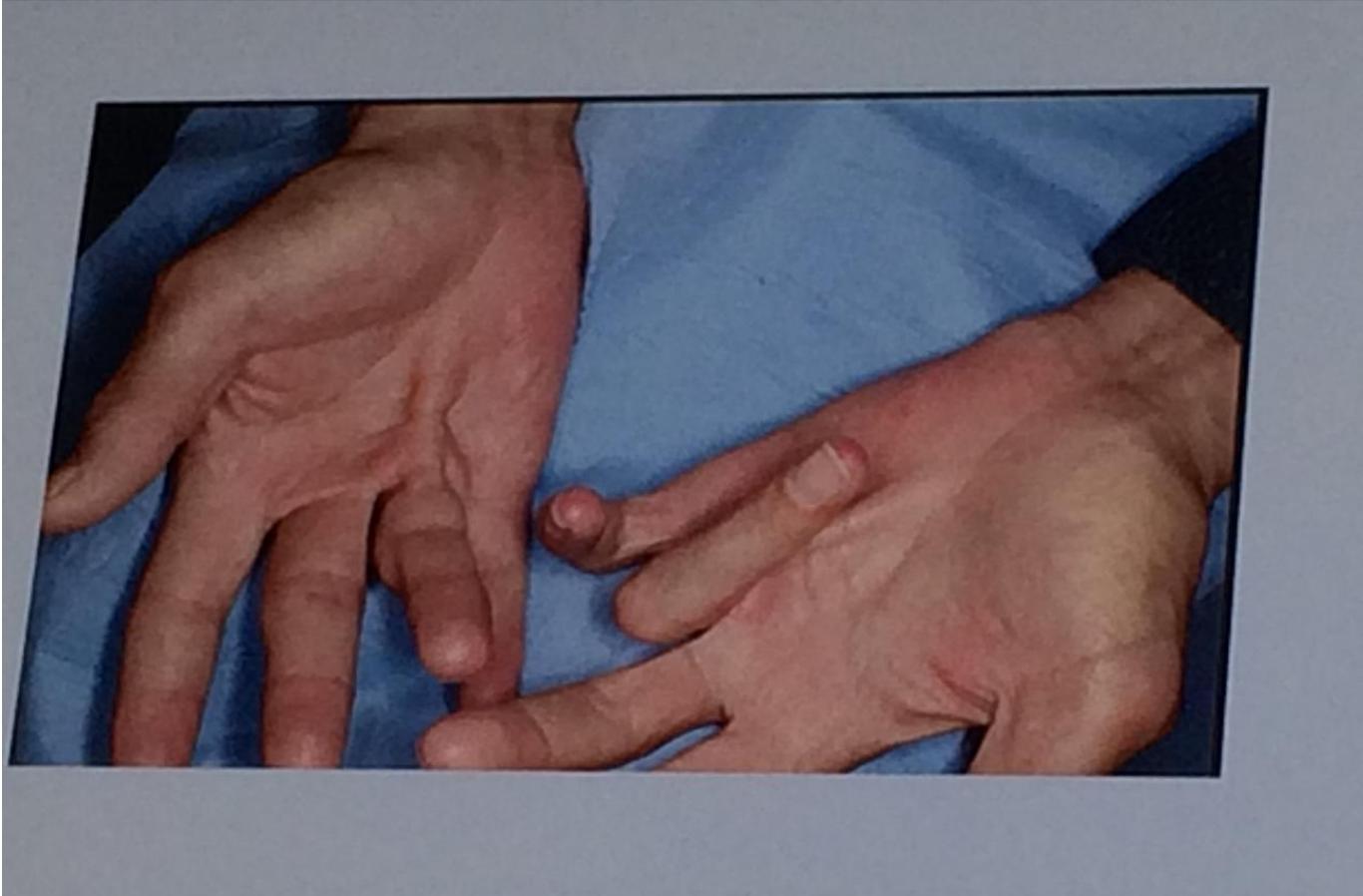
- Perthis Disease

21



# • **Syndactyly**

22

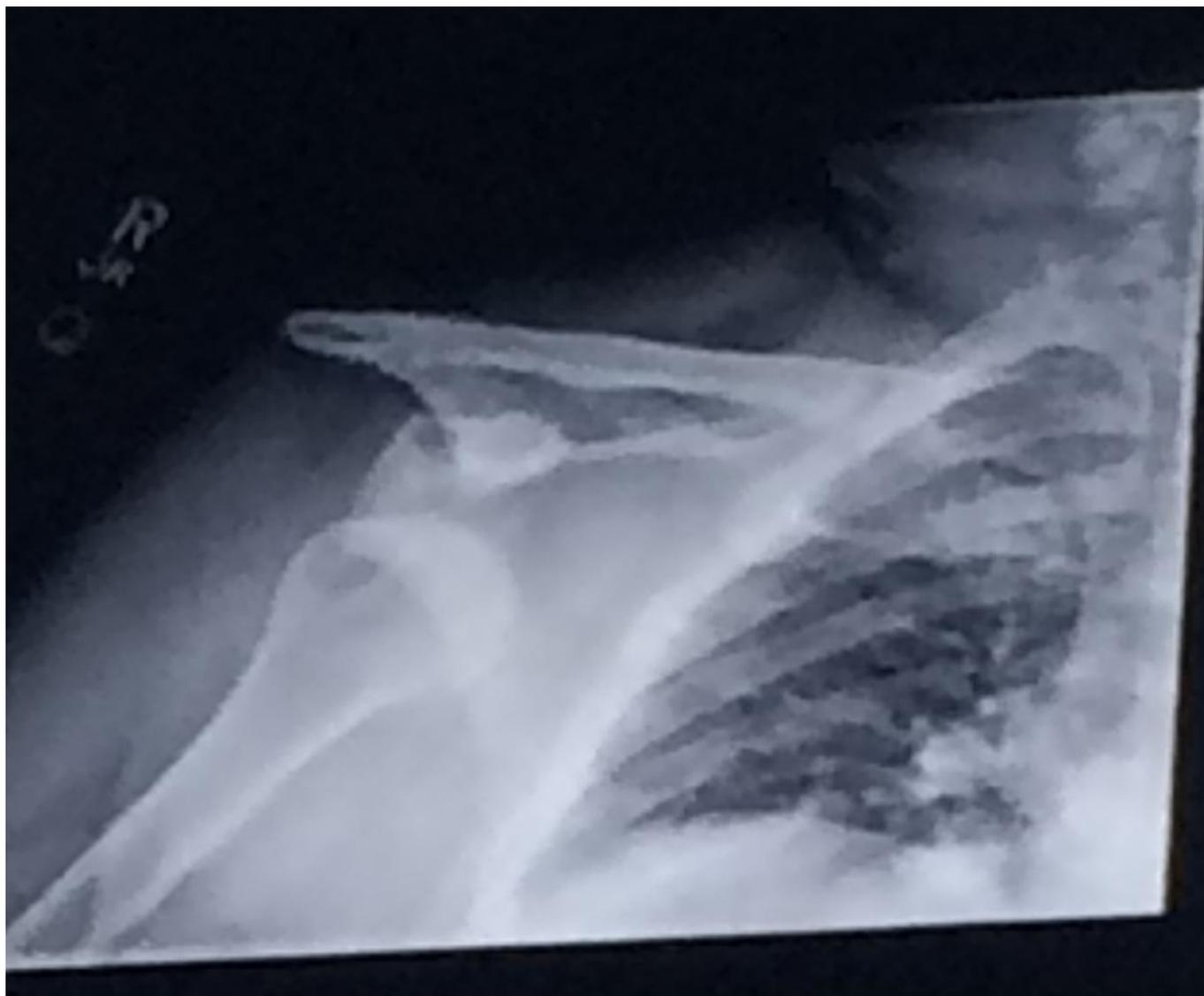


- Dupuytren's Contracture

23 = DDH



24



- **Anterior dislocation of shoulder**

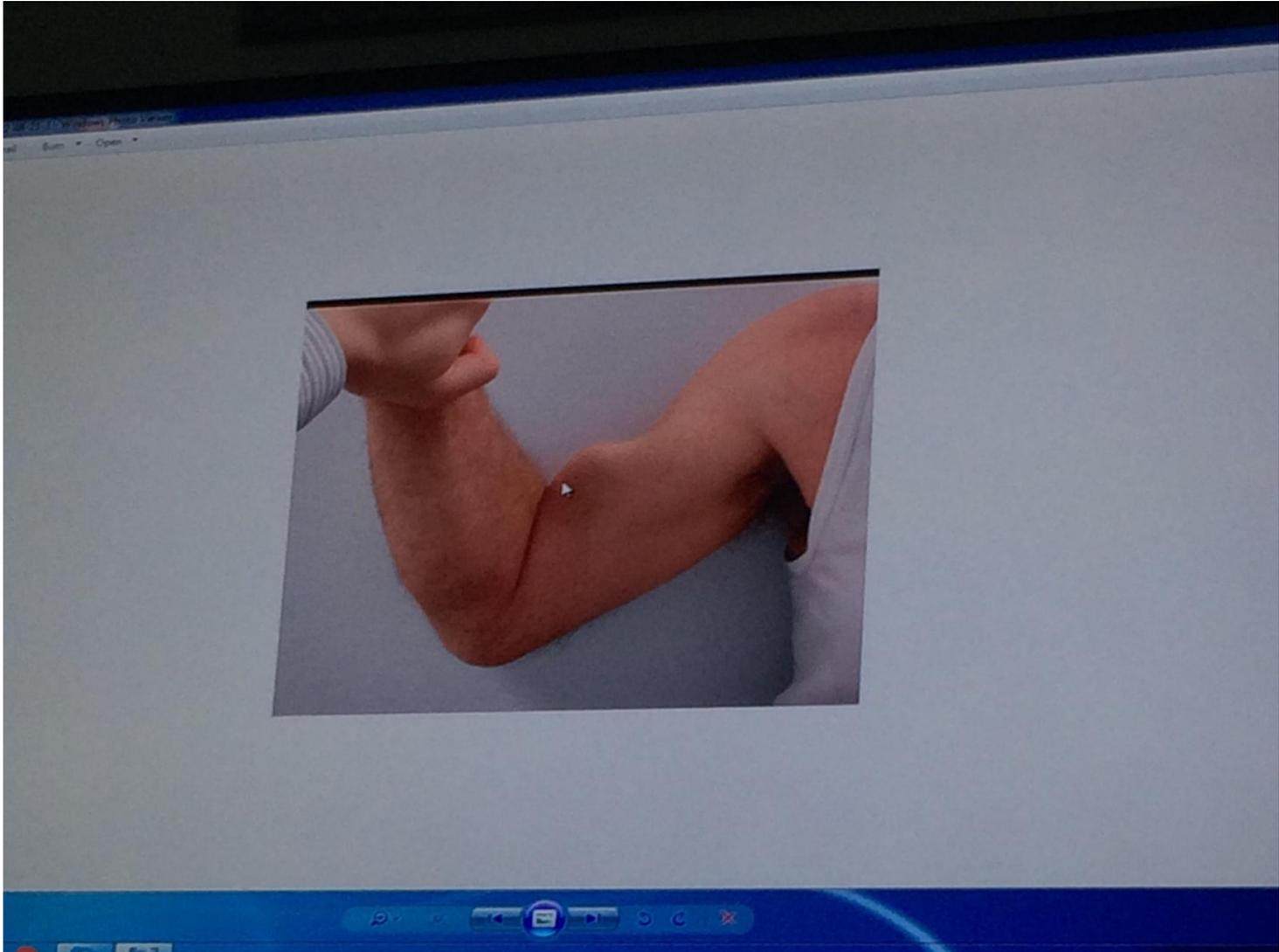
- If the pt was 12 y/o

Complication : Axillary n.

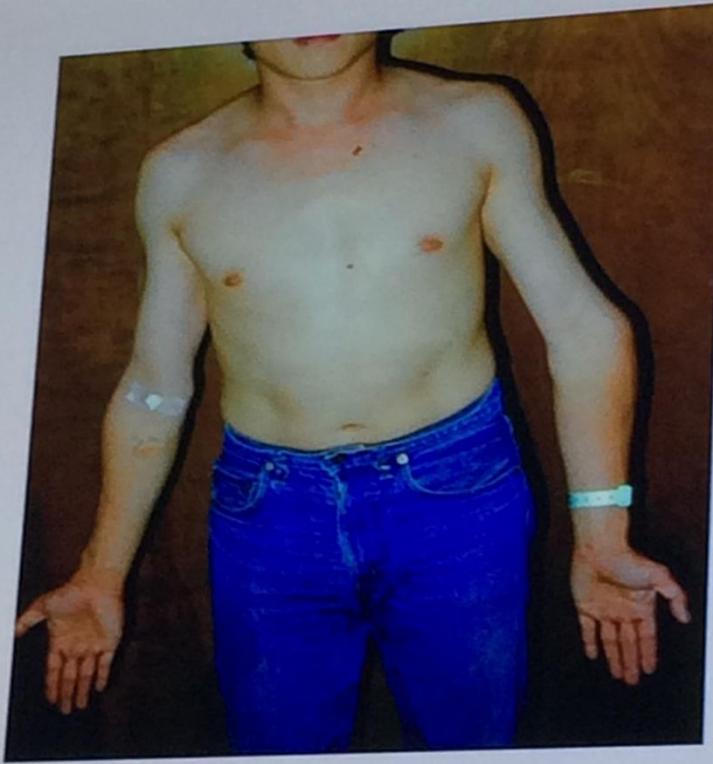
- If 90

Rotator cuff syndrome.

25 = Popeye sign = rupture of biceps long head



26 = cubitus varus



**\*\*zakso el  
valgus  
And its  
compication  
is ulnar n.  
injury**

27 = student elbow = bursitis



28 - ulnar n. injury = claw hand

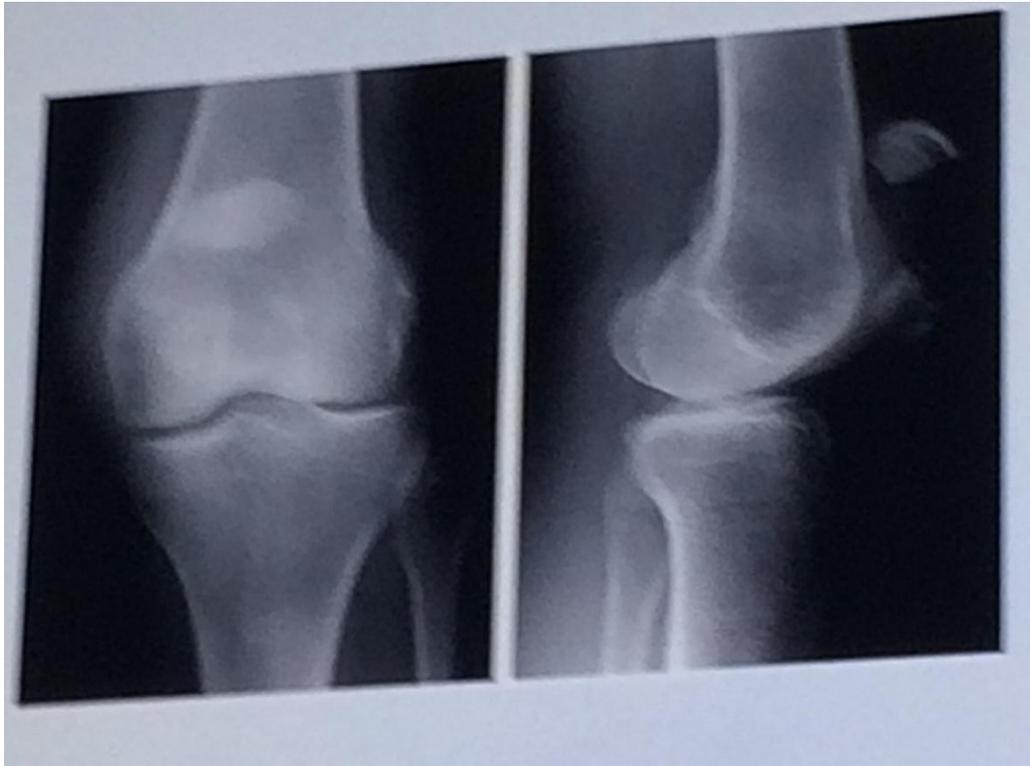


29 - Z-deformity = RA  
radial deviation of wrist and ulnar  
deviation of metacarpophalangeal  
joints

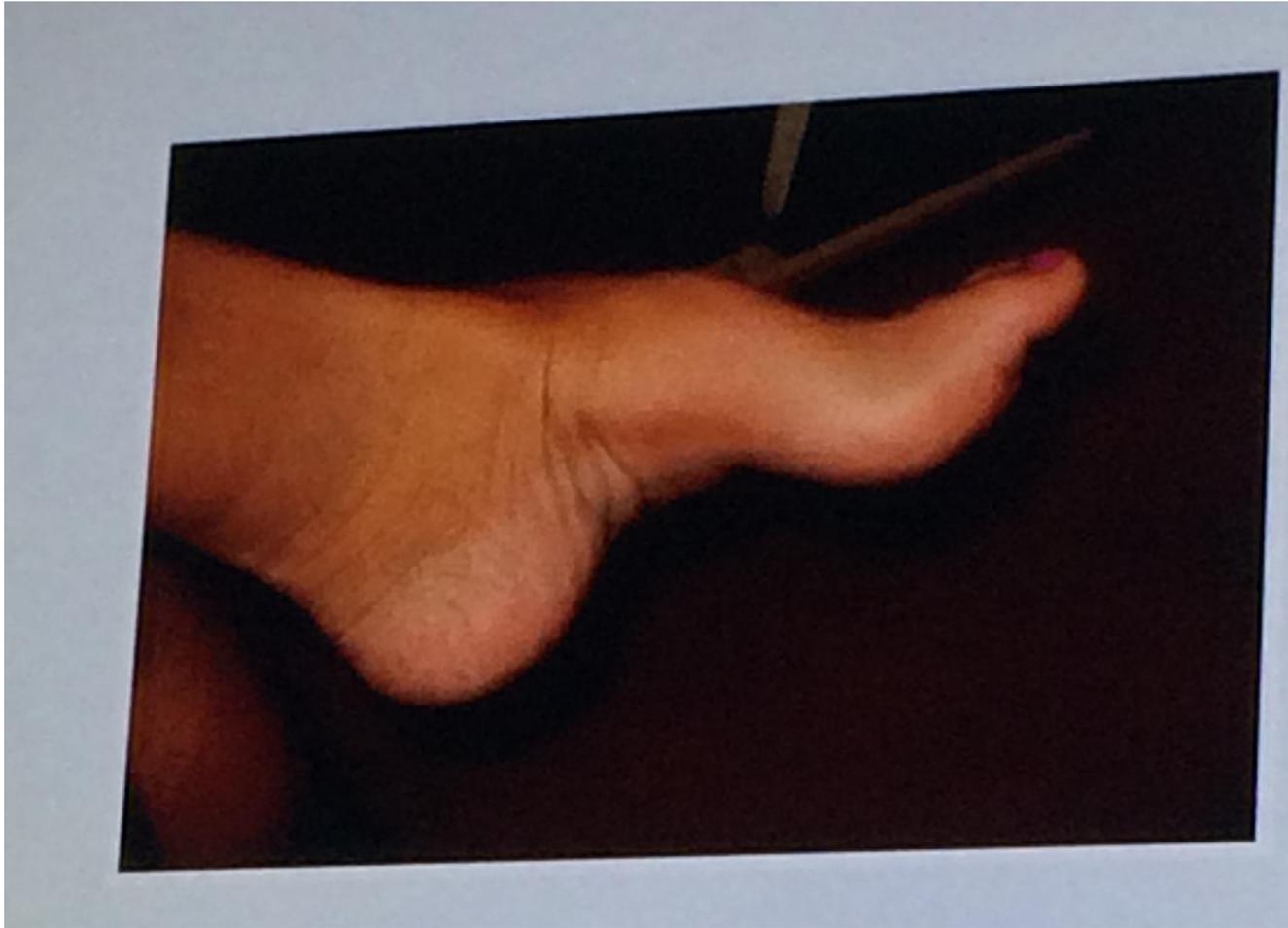


# 30 - transverse fracture of patella

tt: ORIF



# 31- pes cavus



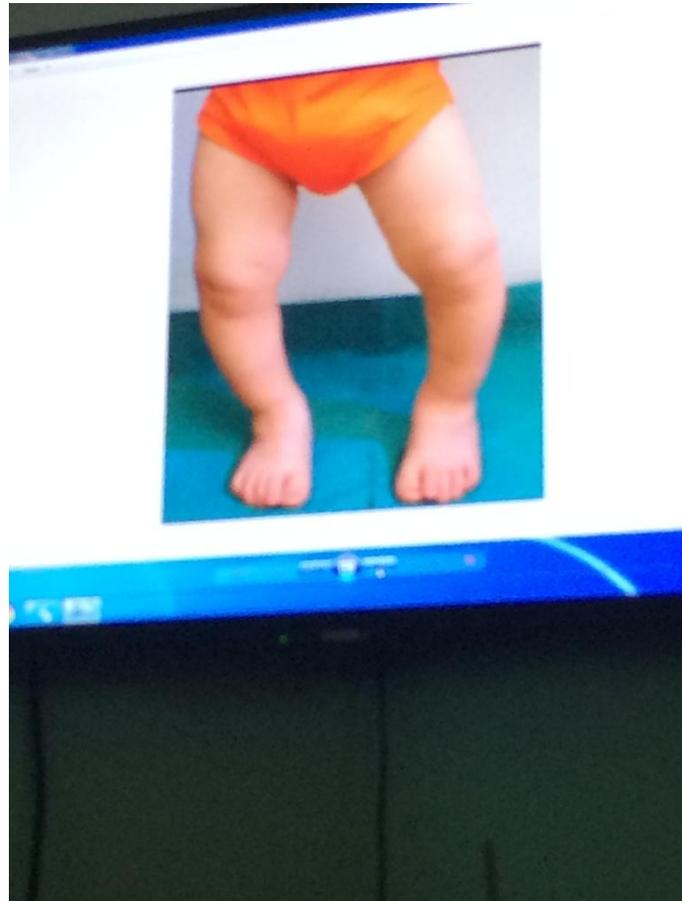
# 32- open book fracture



# 33- arthroplasty



# 34- genu varus



35- GP injury = salter and harris type 5



- There were pics about :
  - Winging of scapula
  - Flat foot
  - Scoliosis
- 
- And see pics for :
  - Sub capital / trans-cervical / basal neck / inter-trochanteric and sub-trochanteric fractures  
(dr. said they are imp. )

GOOD LUCK! 😊  
Marah Abuazzam

Thanks to : Abdelsalam Al-borini